

PATIENT VOLUNTEER CONTACT REPORT

Patient Name: \_\_\_\_\_

Medical Record # \_\_\_\_\_

Date: \_\_\_\_\_

Time Begin: \_\_\_\_\_

End: \_\_\_\_\_ **Total Patient Care Time:** \_\_\_\_\_

Odometer Start: \_\_\_\_\_ Stop: \_\_\_\_\_

**Round Trip Total Miles:** \_\_\_\_\_ **Round Trip Total Travel Time:** \_\_\_\_\_

**Family Services:**

- \_\_\_ Respite Sitting
- \_\_\_ Companion to patient
- \_\_\_ Companion to PCG
- \_\_\_ Companion to children
- \_\_\_ Reading/letter writing
- \_\_\_ Grocery shopping
- \_\_\_ Meal preparation
- \_\_\_ Other \_\_\_\_\_

**Personal Care:**

- \_\_\_ Make-up
- \_\_\_ Polish nails
- \_\_\_ Brush hair
- \_\_\_ Dressing
- \_\_\_ Other \_\_\_\_\_

**Contacts:**

- \_\_\_ Visit
- \_\_\_ Phone Call
- \_\_\_ Card Sent
- \_\_\_ Next visit planned \_\_\_\_\_  
(date)
- \_\_\_ No visit planned, volunteer to call
- \_\_\_ No visit planned, family to call

**Transfer Patient From:**

- \_\_\_ Bed to wheelchair
- \_\_\_ Bed to commode
- \_\_\_ Wheelchair to walker

**Volunteer not used this week because:**

- \_\_\_ Ample family/friend support
- \_\_\_ Family plans exclude volunteer
- \_\_\_ Refused volunteer visit
- \_\_\_ Volunteer on leave (family notified)
- \_\_\_ Patient died \_\_\_\_\_  
(date)

**Chore Service:**

- \_\_\_ Housework
- \_\_\_ Household repairs
- \_\_\_ Yard Work
- \_\_\_ Other \_\_\_\_\_

**Location:**

- \_\_\_ Home
- \_\_\_ Hospice Home
- \_\_\_ Hospital
- \_\_\_ Nursing Home
- \_\_\_ Other \_\_\_\_\_

**Bereavement:**

- \_\_\_ Funeral Home visitation
- \_\_\_ Funeral attended
- \_\_\_ Home visit
- \_\_\_ Phone call
- \_\_\_ Sent card
- \_\_\_ Other \_\_\_\_\_

Observations/Comments: \_\_\_\_\_

Patient/PCG: \_\_\_\_\_ \*  
(signature\*)

Date: \_\_\_\_\_

**Volunteer:** \_\_\_\_\_ \*  
(signature\*)

Date: \_\_\_\_\_

Manager of Volunteer Services: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

\*BLACK INK ONLY (no other color is Medicare-compliant) Entered in Brightree \_\_\_\_\_